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Original.

PHENACETINE BAYER.

J. R. CLAUSEN, A. M., M. D., Philadelphia.

It is an undisputed fact that leading physicians have long been looking for some substitute for those narcotic drugs, admittedly crude and often dangerous, which they have reluctantly used for the want of more desirable medicaments. Especially has the need been felt of a medicament that would relieve or quiet pain and at the same time reduce animal temperature, no matter how intense the febrile condition, without its use being followed by heart depression or toxic or accumulative effects.

We believe that such a medicament has been discovered in Phenacetine-Bayer, a product of the extensive Farbenfabriken Laboratories of Elberfeld, Germany.

Their statement that "the employment of Phenacetine-Bayer has been characterized by a measure of clinical success unparalleled in the annals of modern synthetic drugs," is no exaggeration, as many eminent physicians are prepared to testify. I have used the remedy extensively in my own practice and am prepared to say, with others in the profession, that it stands far in advance of all of the heat resolving products of the aromatic series, and to be a safe, pleasant and most convenient therapeutic agent.

In the treatment of scarlet fever I find the use of Phenacetine-Bayer very effective, especially when rheumatism is one of the complications. It acts promptly and effectually in relieving the acute pains, while at the same time it reduces the fever and soothes the entire nervous system. My experience in many cases of scarlet fever bears testimony to the value of phenacetine in securing these objects of treatment. While in many cases I have combined Phenacetine-Bayer with other medicaments, I have yet regarded it as the essential factor in reaching the satisfactory results referred to.

In the treatment of rheumatism, both acute and chronic, I can bear testimony to the efficiency of phenacetine. I have found it to act promptly in cases where the salcylates and iodides have failed. In acute rheumatism I have found phenacetine specially effective in quieting the pain and reducing the fever and tumefaction.

In "spinal meningitis," after trying every other remedy in general use without satisfactory results, I have found that phenacetine at once relieves the existing pain in the head, which is such a distressing symptom of that dread disease, while at the same time, it guards the extreme nervous condition of the patient, allays the pain in the limbs and restores the skin to its normal condition and color. In short, it is my belief, based on actual experience, that there is not a complaint whose pain is combined with fever in which phenacetine will not be found an invaluable remedial agent, and while making no claim to the universality of phenacetine as a remedy, I yet make this statement in the full knowledge that any remedy which subdues both pain and

fever must be widely applicable, since these characteristics are symptomatic of a very wide range of pathological conditions, and I cannot speak with too much emphasis in urging the profession to give it an intelligent trial.

Illustrative of the above assertions I will cite two cases recently occurring in my practice.

M. C., female, age 6 years, was taken sick with the following symptoms: vomiting, pain in the head, fever (temperature of 104 degrees F.), had some pain about the chest, but not located well; considerable oppression in breathing, cough, short and hacking; some nasal catarrh. On examination of the chest no consolidation could be found, but mucus rales were numerous. No history of exposure to any exanthematous disease could be obtained. It was ascertained that the child had been subject to more or less bronchial catarrh off and on for two years, or since an attack of measles. It was also learned that she had been indulging in sweets for a few days previous, the time being just subsequent to Christmas-tide. As the fever was rather high in comparison to the other symptoms I thought best to try phenacetine, and administered a five grain powder, ordering it to be repeated every four hours. The effect was very pronounced. In less than two hours the child was quiet, perspiring gently, headache gone, and fever reduced to 101 degrees. The following day she said she felt better, and the fever was absent. The bronchial irritation continued for a few days, but subsequently disappeared.

Mrs. G., a patient, was subject to neuralgic headaches, due to uterine conditions. She had tried many temporary therapeutic measures, but until she was given phenacetine she experienced no marked relief. She was opposd to radical local treatment for her condition, and would only come for relief when her headaches were especially distressing. Phenacetine in doses of 10 grains every two or three hours would always afford relief after one, two or three doses had been administered.

THE INDICATIONS AND NATURE OF TREATMENT IN SEVERE ABDOMINAL INJURIES AND INTRA-ABDOMINAL HEMORRHAGES UNACCOMPANIED BY EXTERNAL EVIDENCE OF VIOLENCE.

BY JOHN B. DEAVER.

PHILADELPHIA.

Continued from last number.

M. E., aged 24, nurse, admitted to German Hospital January 20, 1893. While lifting a heavy weight from an elevator she felt something give way in her abdomen. This was immediately followed by severe lancinating pain in the right ovarian region. She was menstruating at the time. Pelvic peritonitis promptly set in. An examination demonstrated a tumor in the right broad ligament about the size of a hen's egg. The peritonitis and tumor subsided to treatment, and she made a slow recovery. Diagnosis, pelvic hematocele from rupture of an engorged ovarian vein.

Hemorrhage itself is seldom the cause of death, but associated as it is with shock, the degree of which is out of all proportion to the severity of the accident, it is frequently fatal in a very short time. When the peritoneum is wounded shock is still more profound, the so-called peritoneal shock.

Hemorrhage within the peritoneum is sometimes very slight and distinctly localized, and may occur several times during the course of the illness. It may take place between the layers of the broad ligament, and soon stop from the pressure.

I report the two following cases of hemorrhage from my list of operations for ruptured extra-uterine pregnancies, as they illustrate so ty-

pically the wisdom of immediate operation:

Mrs. A. K., aged 31 years, admitted to the German Hospital, September 21, 1894, with the following history. Six months prior to admission she had been subject to attacks of vertigo, pain in the back and limbs, and for the last six weeks to a constant bloody vaginal discharge. Examination revealed a retroflexed uterus with a slight tear of the cervix, and the presence of a small movable mass behind and to the left of the uterus.

September 25, four days after admission, the patient was etherized, and the uterus was dilated and curetted. After the operation the discharge stopped, but the patient gained in strength very slowly. She was advised to submit to abdominal section, but preferred to wait until she was stronger. On the night of November 22 she awoke with a severe pain in the right side, and on attempting to walk to the water closet fainted. After being returned to bed she again fainted and went into a collapse, the pulse becoming almost imperceptible, and the temperature falling to 96 degrees. Under active stimulation she reacted. The diagnosis was made of internal hemorrhage from rupture of a probable extra-uterine pregnancy.

The abdominal cavity was found filled with fluid blood and clots, and the right tube ruptured. The tube was tied off, and the abdominal cavity flushed with hot saline solution, a glass drainage-tube introduced and the wound closed. The patient was not much shocked by the operation, but on the contrary seemed rather improved. The drainage-tube was removed on the third day, the wound healed by first intention, and the patient made a good recovery.

Mrs. J. W., aged 36 years, was admitted to the German Hospital, November 21, 1894, with the following history. About 2 o'clock on the morning of admission she was seized with a violent pain in the lower abdomen. For this she took some whiskey, and was somewhat relieved. At 9 o'clock the same morning she started for market, and was suddenly taken sick, becoming very weak and suffering from a violent pain in her abdomen. She returned home with difficulty and called in Dr. Hand, who advised her immediate removal to the hospital. At the time of admission she was very weak, and there was distinct tenderness over the abdomen with slight dullness on the right side. Immediate operation was advised and consented to.

When the peritoneal cavity was opened it was found to contain fluid blood and clots. The right tube was the site of a small rupture, and was tied off and removed. The abdominal cavity was washed out with hot saline solution, glass drainage introduced and the wound closed. The patient was very much shocked by the operation and reacted slowly. During the operation hypodermatoclysis was practiced. The drainage-tube was removed on the fourth day, the wound healed by first intention, and the patient was discharged well, on the 23d day.

The following case of hemorrhage from ruptured extra-uterine pregnancy illustrates the danger of delay as strongly as did the two previous cases the efficacy of prompt interference:

Mrs. P., aged 30 years, was a patient of Dr. S. Cooke Ingraham, of Wissahickon, this city, who furnishes the following history:

I first saw the patient on January 29, 1892. She complained of severe abdominal pains, of a bearing down character, and of a sense of fullness in the epigastric region. She had been married seven years, but had never been pregnant, and laughed at the possibility. For the past three years the menstrual flow had been decreasing in amount, and for several months past had been very scant. The breasts were slightly enlarged, but the areole were not darkened. The glands of Montgomery were a little more prominent than normal. She had suffered from morning vomiting for the past month.

I was hastily summoned to see the patient on the morning of February 2, and found her in a state of collapse, pulseless and with a tempera-

were normal. She did not complain of pain. Examination of the abdomen and per vaginam and rectum failed to reveal any mass, although a circumscribed area of flatness could be demonstrated low down and to the right side. She continued in this condition until February 12, when at her request she was discharged. On February 23 she was readmitted at Dr. Ingraham's earnest request. At the time of the second admission the abdomen was markedly distended, being tympanitic above and flat below. Pulse 116, temperature 101.5 degrees. She complained of considerable pain.

The following day she was operated on, and when the peritoneum was opened a fetus with clots and fresh blood gushed out. The ruptured sac occupied the right iliac region, and was tightly adherent to the neighboring coils of small intestines, to the cecum and to the vermiform appendix. After a prolonged and tedious dissection the sac was enucleated; this was accompanied by very free bleeding, which necessitated packing of the cavity with gauze. The wound was closed with the gauze packing in situ. The patient died the following day of hemorrhage.

The immediate effects of an injury severe enough to cause a serious lesion of an abdominal viscus are sometimes so slight as to be misleading. Very often a patient with such a condition will walk to a conveyance or to the hospital, complaining only of a slight pain. In varying periods of time following the injury more decided symptoms will develop, viz., signs of hemorrhage if the solid organs be involved, and early peritonitis if the hollow viscera be ruptured or torn sufficiently to allow their contents to escape. When this occurs operation is imperatively demanded without delay. This is also true of hemorrhage consequent upon ture of 96.5 degrees. She reacted to active stimulation, and was sent to the German Hospital for immediate operation, a diagnosis of ruptured extra-uterine pregnancy of the tubal variety having been made. Upon admission her pulse and temperature the rupture of an extra-uterine pregnancy, be it traumatic or spontaneous. In ectopic gestation operation will be necessary in every case at some period of its history; therefore, if a diagnosis can be made, or even a well-founded suspicion of the condition exists, rupture should not be allowed to occur. If rupture does occur, however, immediate interference is the only certain means of saving the patient's life. The longer the operation is deferred the greater the risk to life. Hasty operations, often necessitated by the patient's condition, are likewise less liable to reach a favorable termination. Blood clots or intestinal or gastric contents cannot be washed out of the peritoneal cavity except by prolonged and repeated flushing.

The almost universal fatality of intra-abdominal lesions of traumatic origin is so well recognized that it seems as if there could hardly be any question as to the wisdom of opening the abdominal cavity. I would not be understood as meaning that abdominal section should be used as a means of diagnosis, but on the contrary, I believe that every known means, with attention to the most minute details, should be exhausted in establishing a diagnosis. When a diagnosis is impossible abdominal section is justifiable only when it becomes the last and only chance for the patient.

I have refrained from using the terms exploratory and diagnostic incisions, believing that they not infrequently serve as a shield to cover a lack of diagnostic ability. It is a moral obligation resting upon every physician and surgeon to develop to the utmost of his ability the highest diagnostic attainments.

Aseptic surgery has undoubtedly been one of the greatest boons to humanity that this 19th century has brought forth. But to me it seems that it affords a great temptation to men who have not had experience and surgical training, and who have, therefore, not fully developed their diagnostic skill to do operations which are not necessary for their patients' good or with a scientific precision.

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CONSUMPTION AS AN INFECTIOUS DISEASE.

The universal furor with which sanitary boards are seized at the present time in considering tuberculosis a contagious and infectious disease amounts almost to the ridiculous.

While we are in accord with all the necessary requirements that obtain in the protection of the community from devastating diseases, yet it must be acknowledged that the infectiousness of consumption is far from being proved. We know that there are many cases of supposed infectious origin relative to the production of this disease, but what of the cases that occur irrespective of infectious or contagious element? (and there are many).

We note certain Cincinnati daily papers are flourishing the pro and con of this question with flaming headlines, and regret to see names of reputable physicians mixed up with those whose reputation has been severely questioned in this matter. Of the point of infectiousness in this disease we have before stated our belief very clearly.* Tuberculosis, being dependent on an entirely different primary etiology than micro-organic deposits becomes affected by such micro-organisms only as the primary condition develops. This primary condition being in no wise a contagious or infectious one in the true sense of infection and contagion, it follows that consumption, per se, cannot be received by one individual from another. At the same time if a person presents in his system the planting ground for the tubercle bacillus there is no doubt but that it will generate other tubercle bacilli, whether the germ be received from another person or from the air we breathe, which is even more probable.

The putting of consumptives in hospitals especially designed is an excellent thing so far as it applies to the poor and those whose home comforts are limited, but as a preventive measure intended to limit the disease to those already affected, and insure the healthy, it is all wrong, for it will not serve as an aid to the well, and only will add unnecessarily to the misery of those who are victims of the disease and unwilling to enter any such institution.

A grim forecast made by Dr. Bennet, of England, recently, but one eminently to the point, is the following:

"Social relations would be all but disorganized; a consumptive patient would be considered like a leper in olden days, one to be separated from his family, to be isolated, shut up. He would have to live months—nay, years—in a tent; his clothes should be destroyed, and whether he dies or recovers the house which he has inhabited should be burned. It would, perhaps, be a charity to mankind to kill him at once, like an animal attacked with rinderpest; for, as the duration of the ordinary forms of phthisis may extend over years, during that period every time he breathed he would be filling the atmosphere with the germs of disease,

*See first five numbers of present volume of "Times and Register."

wafted by the winds to be scattered far and near." To this Dr. Ransom, in an article on "The consumptive scare," in the January number of the Medical Chronical, adds: "Such is the logical sequel of the doctrine of the contagion of phthisis, carried to an extreme as it is now being carried by many, especially in Germany and France. The result of such teaching as I have described is already becoming apparent in many directions. Persons affected with almost any chest disease find it difficult to obtain places as domestic servants. The close ties of famliy affection are not always strong enough to induce relatives of consumptives to undertake what is considered to be the dangerous duty of nursing them. The sites for consumption hospitals are becoming as difficult to find as those for fever, and utterly unfounded reports as to the spread of the disease by such institutions are recklessly made, even by medical officers of health."

BLOODLESS OPERATIONS FOR HEMORRHOIDS.

Although many simple cases of piles may be promptly remedied by constitutional measures, conjoined with some sort of local, simple remedy, there are other cases of a more complex pathological character, in which chronic interstitial inflammatory changes, with peripheral induration and ulceration of the mucous membrane, cause so much irritation and distress, and so stubbornly resist topical medication, that nothing short of total destruction of the acinous extruded mass will effect a cure.

But what species of radical interference shall we resort to which carries with it those fundamental essentials, which we should always keep in view when we are about to make a final appeal to surgery, which is the least dangerous to life and most permanent in its effect? We unhesitatingly say—speaking on general surgical principles—that that procedure should have preference, which entails the least mutilation, consecutive dangers of inflammation, hemorrhage, ulceration or tetanus, and that the latter is something more than a visionary surmise is suported by the following from a late issue of the London Lancet:

"Tetanus Following the Treatment of Piles by Ligature.—In the Polish Gazeta Lekarska, No. 49, 1894, p. 1231, Dr. Henryk Gotard, of Warsaw, relates the following extraordinary case: A well-nourished and generally healthy white-smith, aged twenty-four, was admitted to a local hospital on account of slightly-bleeding external and internal hemorrhoids of twelve-years' standing, accompanied by very painful anal fissures. The patient being brought under the influence of chloroform, the piles were ligatured, and the anal orifice forcibly dilated (dilation forcee), after which the parts were washed out with a 1 to 3000 solution of corrosive sublimate, and an aseptic iodoform dressing applied. On the fifth day he was given a tablespoonful of castor oil, with the result that an abundant defecation ensued. During all the five days the young man's condition remained quite satisfactory, but on the sixth there appeared trismus. During the next two days there developed all typical manifestations of severe tetanus, accompanied by a high rise of temperature (up to 40.8 degrees C.), profuse perspiration, and steadily increasing prostration. In spite of hypodermic injections of morphium, etc., the patient rapidly grew worse, and, on the ninth day after the operation died. The post-mortem examination was refused by his family."

Instances have come to our knowledge in which, after excision an excessive hemorrhage has followed: in others, inflammation has set in, resulting in an extensive abscess formation, which, breaking through, left several troublesome fistulae. If our patient is diabetic, the wound will not heal, and a large open sore will follow.

It is much better, then, if we can cure the hemorrhoidal state by other measures than excision, to do so; for, though Whithead's operation of dissecting away the whole mass is

radical, still, often, after the wound heals, cicatrical contraction follows.

Pressure, massage, conjoined with a local analgesic, in a large measure, fulfills all requirements, as a general rule, and if for no other purpose, commends itself, because, at all events, it will add no fresh complication to the already painful trouble.

Of late electricity is coming into use in the treatment of various types of piles—as the thermo-cautery puncture, as a stimulant to absorption, and agent for the re-establishment of healthy local action. It is almost unnecessary to add that in radical treatment, bodily rest conjoined with such other therapeutic expedients as will restore activity in the portal circulation and promote healthy action in the liver, are desirable, inasmuch as there are good reasons for believing that the painful hypertrophied varicis are only indices or some derangement in the chylopoietic viscera.

MEDICAL PRESCRIPTIONS.

Pharmacists suggest that physicians add the patient's name as a wise safeguard to their prescriptions.

The methods pursued by druggists in making up prescriptions, particularly with reference to the manner of delivering the medicines to the patient or messenger, were discussed at the Pharmaceutical meeting of the Philadelphia College of Pharmacy, and several systems that had been tried at various times during the last 50 years were explained by different members. Professor Trimble, in opening the subject, referred to the case of a drug clerk who had inadvertently given a customer a wrong bottle, the sad result of which had been the death of a child to whom the medicine had been administered. The physician had prescribed a harmless cough preparation, and the clerk compounded the medicine at the same time that he was engaged in mixing an opium preparation which he afterwards handed to the father of the child by mistake. Professor Trimble said he had found that a system of check numbers, however carefully carried out, was by no means a sure safeguard, as many patients, through ignorance or carelessness, either lost the card given them when presenting the prescription, or threw it away. Eternal vigilance, he maintained, was the only surety against errors, but he strongly advocated a general rule of physicians writing the patient's name on each prescription, a practice that was followed by many prominent medical men and received the indorsement of pharmacists.

Book Reviews.

SURGERY TWO HUNDRED YEARS AGO. Illustrated from Original Copper Plates. Supplied by the Antikamnia Chemical Company, St. Louis, Mo.

This little brochure is of considerable historical interest. It is illustrative of some of the barbarous methods applied before the introduction of anasthetics. Illustrations of amputations, lithotomy operations, transfusions, trephining, etc., are made.

ANTISEPSIS AND ANTISEPTICS. By C. M. Buchanan, M. D. Published by the Terhune Co., Newark, N. J. Price, $1.25.

This little work deals with the history of antiseptics from earliest times to the beginning of the Christian era, thence to the beginning of the 18th century, thence to the first six decades of the present century and, finally, from the advent of Lister to the present time, in successive chapters.

The various antiseptics are considered and the value of each given. It is a useful volume.

THE NEW MEDICAL EPOCH OF HEMATHERAPY. Issued by the Bovinine Company, New York.

This brochure contains articles on the subject from various physicians. It is throughout a memoir of purely scientific work. This new method of application of the vital fluid directly to the diseased parts to which

the name hematherapy has rightly been applied deserves more than a passing notice from the medical profession.

Several illustrations are introduced into this work showing where extensive ulcerating surfaces have been completely healed by the outward application of bovinine. Cases are cited by eminent authorities showing magnificent results by the use of this agent both internally and externally, especially in such ulcerative diseases as typhoid fever.

THE PHARMACOLOGY OF COLA ACUMINATA. Third edition, revised and enlarged, with illustrations. Parke, Davis & Co., Detroit, Mich.

This drug is coming into prominence at the present time as a stimulant and this pamphlet gives accurate and valuable information on the subject.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Vol. 16. 1894.

This volume contains all the papers read in the College of Physicians in Philadelphia during the past year, some of which have been published in this journal. It also contains a list of Fellows of the Society.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Eighth session, 1894.

This volume contains some very valuable papers on orthopedic surgery.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY.

This pamphlet contains the proceedings of the one hundred and third meeting held at Concord, with the papers read at that time and a list of the Fellows of the Society.

DYSPEPTIQUES ET OBESE DU VENTRE.

By Dr. Zabe.

The author in a short essay under the above title gives us a highly practical contribution on various obscure and unusual types of ventral hernia.

The symptomatology is set forth with singular clearness, and the differential features, which separate these from other lesions found in those zones, are well worthy of careful study.

Many varieties of the most severe type of dyspepsia, our author declares, are attributable to intervisceral adhesions, and not infrequently to small, overlooked hernial protrusions.

The therapeutical conclusions are conservative and rational. The title is somewhat misleading, for there is nothing at all said of abdominal obesity proper.

BOOKS AND PAMPHLETS RECEIVED.

THE DISEASE OF INEBRIETY. By Edward C. Mann, M. D., New York City. Reprinted from the Journal of the American Medical Association, December 1 to December 29, 1894.

THE GIBBES-SHURLY METHOD OF TREATING CONSUMPTION. By Stiles Kennedy, M. D., St. Louis, Mich. Reprinted from the American Lancet, December, 1894.

THREE CASES OF UTERUS BICORNIS SEPTUS; WITH REPORT OF OPERATIONS PERFORMED UPON THEM. By George M. Edebohls, A. M., M. D., New York. Reprint, January 16, 1894.

A NEW METHOD FOR ANCHORING THE KIDNEY. By R. Harvey Reed, M. D., Columbus, O. Reprinted from the Journal of the American Medical Association, December 22, 1894.

THE DIAGNOSIS AND TREATMENT OF "FLOATING KIDNEY." By R. Harvey Reed, M. D. (University of Pennsylvania), Columbus, O. Reprint from Columbus Medical Journal.

THE TECHNIQUE OF VAGINAL HYSTERECTOMY. By George M. Edenbohls, A. M., M. D. Reprint from the American Journal of the Medical Sciences, January, 1895.

NOTES ON MOVABLE KIDNEY AND NEPHRORRHAPHY. By George M. Edebohls, A. M., M. D., New York. Reprinted from the American Journal of Obstetrics, February, 1895.

Surgery.

IN CHARGE OF
DR. T. H. MANLEY, New York.

SUPPURATION IN SIMPLE FRACTURE.

Krecke (Munchener Med. Wochenschrift, 1894, No. 35) cites various instances, of simple fracture, non-complicated, which presented the phenomena of suppuration in their evolution, always consecutive to an infection of the organism.

In three cases he found that his patient either had an infected wound, disease of the lungs or intestinal tract. He believed that in those cases the local infection succeeded through the circulation, the injured part presenting an enfeebled vitality and offering the least resistance.

CANCER OF THE BODY OF THE UTERUS.

Godart (Bull. de la Soc. Belge de Gynec et d'Obstet., No. 1, 1895) relates two cases in which Jacobs removed the uterus for this disease. Both patients recovered from the operation, the first taking place on February 7, 1894, the second on October 3. In both cases the patients had borne several children, and had frequently miscarried. One was 29 years old, the other 40. Menorrhagia occurred in both. Primary cancer of the body of the uterus was until recently held to be very rare. Now that the microscope is freely used, so that gynecologists understand the normal and morbid histology of the uterine tissues, the disease in question is not rarely detected. Godart makes the important observation that the curette is not a sure instrument for diagnosis. The scrapings in the above cases only displayed the appearances seen in chronic endometritis, with alterations in the glands. Diagnosis can only be made if tissue belonging to the muscular wall is scraped away. The presence of columns of epithelial cells in the muscular coat, the nuclei undergoing division, is the most distinctive appearance in cancer of the body of the uterus.

AN EXPERIMENTAL RESEARCH ON THE PHYSIOLOGICAL IMPERMEABILITY OF THE HEALTHY EPITHELIUM OF THE BLADDER.

By MM. J. Bozier and L. Guinard, Lyons, France.

These authors have made an extended series of experiments with a view of ascertaining the degree of absorptive power, if any, possessed by the mucosa of the healthy bladder. As their contribution is technical and deals with the subject with fullness and detail, we can afford space here only for an abstract of a few of its most valuable features.

They commence by telling us that a common impression prevails that the bladder possesses no power of absorption, which they admit as correct in a general way, but not without reserve.

In the bladder wall we have not only the simple layer of flat epithelia, but also superadded two more strata of the cuboidal variety, thick and so densely packed together that it is clear how impermeable they are to any description of foreign elements. The bladder is the reservoir of the urine, the latter containing various elements in solution. The vesical mucous membrane resists the passage of these into the circulation, though it is generally agreed that some of the aqueous elements of the urine may be reabsorbed.

It is generally conceded that when a formidable barrier stands in the way of the urinary discharge, then, after the vesical walls have undergone extreme distension and the urine has changed in quality, we may have a resorption of any of its toxic elements, as was taught by Gabler.

This our authors proved to be true, both by anatomical and physiological investigation in the course of their research.

Strychnia, atropine, eserine, etc., from 2 to 10 centigrammes, are fatal to a dog, or even much less when injected hypodermically; but these quantities may be introduced into the bladder and retained there as much as 12 hours with impunity.

Urin itself in small quantities injected into the healthy tissues of the animal give rise to toxic symptoms.

All are not agreed on the question of the non-permeability of the bladder epithelia. Bazy and Sabitier affirm that it possesses more power in absorption than the upper part of the esophagus or the connective tissues. Tricimi, for instance, noted that three minutes after the injection of cocaine all its poisonous manifestations were present, while such eminent authorities as Kuss, Susini, Bert, Alling, Cazeneuve, Lepine and Guyon affirm that the healthy bladder has the property of retaining poison without permitting it to enter the organism. MM. Boyer and Guinard experimented on the bladders of twenty-three dogs, with a view of attempting to decide this question of vesical absorption or non-absorption.

Their method of proceeding was to first open the abdomen, close the bladder by a ligature and then, with a fine perforated needle, inject toxic solutions into its cavity. In the first instance, a two per cent. solution of strychnine, 4 centigrammes of the poison were injected. The solution was borne for six hours without the least disturbance. It was now drawn off with the catheter, and one centigramme was injected under the skin, when, after 12 minutes, the animal was dead. A similar experiment with arsenite of strychnia was employed, 5 centigrammes being used. In this instance mortal effects followed.

In a general way it was found that epithelia of the bladder resisted all the vegetable poisons when introduced, well diluted, and very gradually, while when any of the corrosive poisons were injected suddenly, and particularly in a concentrated form, violent irritation succeeded, with destruction of the outer squamous layer of epithelia, and prompt absorption followed.

It was noted by these observers that when the constriction at the neck of the bladder was released, urine, impregnated with a lethal element, promptly provoked symptoms through rapid absorption by the urethral mucous membrane; this structure apparently taking up such elements with marked avidity as compared with the lining of the bladder.

Archives de Medicine, Experimentale et d'Anatomie-Pathologique, 1st November, '95.

(Note by translator).

There can be no doubt but under ordinary circumstances the vesical epithelia offer a great resistance to the introduction of toxic agents from without, yet it is well known that there are several things which in their elimination by the kidney provoke a most intense inflammatory reaction through their absorption.

It has long been a matter of common observation with hospital surgeons that, regardless of what aseptic precautions are taken, the mere presence of the catheter in the healthy bladder will often give rise to a most painful cystitis.

The mucosa of the bladder absorbs with great rapidity nearly every description of soluble medicament, when in an inflamed or diseased state. The flat epithelia are so dried, hardened and contracted as to enlarge the stomata in their interstices, and thus permit a greater degree of permeation of fluids, which soon pass through the capillary walls into the general circulation. But this is pathological, and does not strictly come within the scope of the review to hand. T. H. M.

Medicine.

IN CHARGE OF
DR. E. W. BING, Chester, Pa.

TORTICOLLIS AND LUMBAGO OF ARTICULAR AND RHEUMATIC ORIGIN.

ROBIN & LONDE.

These observers have come to the conclusion that what we commonly call wry neck, and lumbago, is not in most cases a muscular affection, but rather an articular disease, more or less marked by contraction of the muscles by which the patient endeavors to immobilize the affected joints.

The contracted muscle may itself

become painful from the prolonged tension. Although the exact localization may be obscure, yet the maximum of pain can generally be found at the junction of the articulations, the muscular contraction being reactionary and secondary; treatment directed to the articulations is also more successful than that directed to the painful muscles.

Treatment is by drugs and by massage. The authors have found jaborandi very successful in treating these affections, being only contra-indicated, where pneumonia or valvular disease is coincident. They give 4 grains of the leaves in an infusion prepared by macerating the leaves in 10 grains of alcohol for 8 to 12 hours, then adding 150 grains of boling water.

The infusion should be taken fasting—the sweating begins in about half an hour. Relief sometimes occurs the same day, but generally on the day following the administration of the dose.

If more than one dose is required it is best to give it in alternate drops —the patient must of course keep to his room. Chronic lumbago sometimes yields quite readily to this treatment. Where it fails massage should be tried, providing the inflammatory stage has passed.

The massage should be applied over the painful joints.—Rev. Med.

A NEW HYPODERMIC NEEDLE.

A new hypodermic syringe is described in the Annales d'Orthopedie, consisting of a metallic syringe body, provided with a hypodermic needle, and with a cap which carries the piston rod.

The injection is contained in a sterilized tube, fitting into the metallic body; this tube is drawn out and sealed hermetically at one end, and the other is sealed by a paraffined hard rubber button. When used the tube is inserted into the syringe body, the cap is screwed on and the rod pushed down on the button, which takes the place of a piston; the drawn out end of the glass tube is broken off by a file cut, the needle screwed on and the syringe is complete and ready for the injection to be made.

The advantage is that the injection and syringe are always sterile, since the glass part of the apparatus is only used once.

CONNECTION BETWEEN TUBERCULOSIS AND DIPHTHERIA.

REVILLIOD.

The author has noted that to a certain extent diphtheria, like tuberculosis, is an inherited or family disease, and has cited cases in support of his views—among others, 24 families, where a special predisposition to the disease seemed to exist.

Tur says that contagion, in cases observed in Basle, did not seem to play a primary part, and the same seemed to be the case in the expansion of the disease at Geneva and other places. Revilliod has established by facts the following proposition, "a disposition to diphtheria and tuberculosis frequently co-existing in the same family." Also the same as regards scrofula.

Carrasso recommends oil of peppermint in treatment of pulmonary tuberculosis. Its antiseptic powers are marked, and if it is combined with creasote, given by the mouth, it has proved very successful.

FERRIPYRINE—A NEW HEMOSTATIC.

Ferripyrine is a double combination of perchloride of iron and antipyrine, whose formula is Fe Cl 3 (C 11 H 12 N 2 O). It is a fine powder of reddish orange color, soluble in cold water. Employed externally in solution of 18 to 20 per cent. by means of pledgets of cotton applied to the seat of hemorrhage. It may also be used in powder. Ferripyrine, unlike perchloride of iron, is not caustic, even after prolonged contact with structures like the nasal mucous membrane.—Rev. de Therap.

DISINFECTION OF THE INTESTINAL CANAL—ITS INFLUENCE ON THE PROGRESS OF TYPHOID FEVER.

Dr. Hiller recommends the cresols for this purpose. These are dissolved in a fatty oil, and the solution is

incorporated in capsules. The solution forms with the intestinal contents an emulsion endowed with energetic disinfecting properties and quite innocuous.

SULPHATE OF COPPER IN TERTIARY SYPHILIS.

Sulphate of copper is recommended by Santi as a treatment of tertiary pharyngeal ulcerations of a syphilitic nature. It is used in solution of 4 per cent. locally, and specific treatment is also employed. The applications are repeated once every day. The patient uses a bone gargle in the intervals.

THE CAUSE OF THE UREMIC COMA.

Dr. Benj. Ward Richardson in the Asclepiad, No. 42, Vol. 2.

What is the cause of coma in these cases? That is a point to which I particularly wish to direct attention. The views which have been held in regard to coma in uremia have been two in character; one, that the coma is the direct action of urea circulating in the blood; the other, that the urea circulating in the blood is decomposed, and, as Frerichs first suggested, is transformed into carbonate of ammonia. In 1861 I made a long series of researches on this matter, and the conclusion I came to was that the theory of Frerichs, much as I admired his great ability, of the urea being decomposed into carbonate of ammonia, and the carbonate of ammonia being the cause of the symptoms, was not clearly demonstrated. I discovered that carbonate of ammonia, although it may be poisonous to the body, produces symptoms dissimilar to those which are present in uremic coma. Frerichs assumed that in uremic coma ammonia can always be detected in the breath. In this respect he was partly right. I found sometimes that ammonia was distinctly evolved by the breath, owing, doubtless, to an excess of ammonia in the blood; but in other instances of uremia no such phenomenon was observable; indeed, it was sometimes surprising to find entire freedom from ammonia in the breath-vapor. Dr. Hammond, of Philadelphia, took the same view as myself, and I think, practically, we may say that ammonia, as a narcotic poison, is not properly assignable as the cause of uremia; if it were, the blood would be far more rapidly disorganized than it is, for although persons with uremic symptoms sometimes go on for many hours with changes in the blood which are of themselves distinct, they are not such changes as arise from the direct action of ammonia itself—solution of the red blood corpuscles and extreme fluidity. The action of urea as a poison seems to me to indicate the most distinct kind of poisoning in cases similar to the two first which I have noticed. It is also worthy of observation from my experiments that urea largely diluted acts as effectively as when it is more condensed, so that we may assume that the presence of urea, as urea, in the blood is really and truly the cause of the coma. I found by experiment that in the lower animals coma could be produced by urea itself in the most distinctive manner, together with the convulsive movements which commonly attend it.

But the point to which I wish to direct attention most particularly in this paper is the effect of water in the production of comatose symptoms in the body. In the last case to which I referred, where the patient lived for so many months, it was always said of him that he was suffering from uremic symptoms. It was a point whether that was the case; if it had been, if there had been an excess of urea in his body at the time, I do not think it possible he could have lived for so long a period; it must have been, as a matter of course, that a certain amount of urea was secreted, but was distributed so widely over the tissues, and was so much diluted, it was not the direct cause of death, as in uremia proper. It was to some extent an aid to the cause of death, but the universal dropsy, relievable by the process of drawing off the fluid that had been excreted into the cavities, was the chief cause. The symptoms which this man presented resembled, in fact, very closely those which are

producible by the introduction of water in large quantities into the bodies of inferior animals. I found by experiment that an amount of water equal to a fifth part of the weight of an animal could be introduced into the body without development of pain, or any smyptom of a fatal character; but if over one-fifth of the weight of the body of an animal were introduced, fatal results would follow, and when such results did appear, they were always in the character of coma. An animal charged with water to this extent, one-fifth part of its own weight, would wake up at intervals just as our patient did, walk as he did with a drowsy tottering gait, but soon lie down again and sleep on. The continuance of life, if the complete surcharge of water was maintained in the body, was usually about 12 hours, the death occurring as in the most painless and gentle sleep. If the amount of water injected were less in weight than a fifth of the body of the animal, the symptoms were identical in character with those that have been described in the dropsical patient, and it is worthy of notice, too, that the urine under those circumstances carried, intermittently, albumen in its course. The effect that was produced upon the body was the effect of debility induced by the dilution of the blood and the feebleness of muscle incident to the diffusion. To this also must be added the effect which these surcharges of fluid had upon the brain. The brain cavity was always surcharged with fluid, and upon the pressure that arose from this surcharge depended, I think, undoubtedly, the coma which was produced. When water is introduced into the blood in excess the effect of it is that it causes effusion of a direct kind into the cerebro-spinal cavity, and then occurs that change (described in the first number of the Asclepiad), brought about through the simple pressure of the cerebro-spinal fluid. The pressure of the cerebro-spinal fluid produces coma, very distinct in character, but when the pressure is taken off from the body at large the brain is relieved, and consciousness returns.

Practical Summary.—The practical points most deserving of notice from these observations, whether the theory of notice from these observations, whether the theory advanced be accepted or not, are briefly as follows:

In diseases of the kidney leading to suppression of urine there are three classes of cases. (1). Cases in which there is acute uremic coma occurring suddenly without dropsical exudation, in which the coma is deep, the breathing stertorus, the muscles restless or convulsed, and the eyeballs moving from side to side or upwards and downwards, or obliquely; symptoms the same as those which can be synthetically induced by the introduction of urea into a healthy organism. (2). Cases in which coma appears with dropsical symptoms, edema, ascites, or pleuritic effusion. (3). Cases in which, with universal dropsy, there are comatose conditions not amounting to deep coma, but in which the drawing off of fluid from the cavities of the chest or abdomen, or from the cellular tissue, relieves by its escape, with removal of coma, and, for a time, a new lease to life.

The first of these classes depends, it may be fairly assumed, on diffusion of urea, in a comparatively concentrate form, through the system, so that the true toxic action of the salt is acutely developed. The second seems to depend on free diffusion of urea through the system, but with a considerable amount of watery fluid, serum. The third appears to be a widely-spread dropsy, in which urea, if it be accumulated at all, is so extremely attenuated with water that its toxic effects are not manifested, but the pressure produced by the effused serum tells upon the central nervous system and gives rise to the semi-comatose condition. Where these symptoms are prolonged cases are commonly registered as those of chronic dropsy.

"Has Bilkens' sight been completely restored?"

"The doctor thought so until he presented his bill, when he couldn't make Bilkens see that it was worth $200."—Chicago Inter-Ocean.

Ophthalmology.

DR. J. A. TENNEY, Boston, Mass.
COLLABORATOR.

THE STELLATE ARRANGEMENT OF SPOTS IN THE MACULA EXPLAINED.

Mr. Gunn, of London, read a paper before the International Congress of Ophthalmology in Edinburgh last summer, in which he explained the vulnerability of the yellow spot as being due to its high physiological activity, and to the fact that its circulation is terminal.

He thinks this region is especially liable to edema because of the peculiarity of its circulation, and because of the retina being thicker at this point; consequently the interstices between its elements are wider, especially in Henle's fibre layer.

Mr. Gunn soaked eyes in a solution of chloral years ago, afterward placing them in weak spirit, when he found the region of the macula swollen, and folds were seen running toward the optic nerve. He inferred that there was a constant relation between these folds and swelling of the retinal tissue.

He regards the retina in this locality, between its two limiting membranes, as being practically homogeneous; and its swelling would take place not only vertically, but also in its extension. If the edema occurred slowly, it would fade into the surrounding retina; but if the effusion occurred suddenly, we might expect to find a well-defined circular edge around the affected area.

The effusion finds itself arrested at the fovea; and if the cone outer-segments were not firmly grasped by the pigment epithelium, there would be detachment. This fastening at the fovea would be likely to cause folds in the retina. He thinks this tendency would be increased by the convergence of the blood-vessels of the retina toward the fovea.

He considers that these creases or folds determine the course of degenerative changes in the retina; for where the tissue is crumpled its vitality is necessarily lowered. Edema is liable to occur in renal disease, and the degeneration attending retinitis albuminurica is known to be stellar-shaped, in accordance with this theory. When the stellate figure is associated with neuro-retinitis there is usually cerebral tumor present.

On one occasion he saw the same stellate figure in a case of partial embolism or thrombosis of the central artery of the retina. This case was especially interesting because it allowed the early observation of the macular spots. He saw the case the day after the loss of vision occurred, and found a great deal of retinal edema, which extended to the margin of the disc. Within the next fortnight the fovea became very dark, and was immediately surrounded by two or three small concentric circles, and the glistening white spots were at last well marked in the macular region.

The hypothesis that the stellate arrangement of the spots about the macula in retinitis albuminurica is due to the radiate Muellerian fibres in this locality is rejected by Mr. Gunn, first, because it is not corroborated by the normal anatomy, and, second, because the changes do not take place in the Muellerian fibres, but in the outer and inner layers of granules.

RIPENING CATARACTS ARTIFICIALLY.

Dr. W. C. Pipino, of Des Moines, Ia., reports seven cases in the Medical Record, in which he has practiced Bettman's method of maturing cataracts, with very satisfactory results.

In one instance an old gentleman had groped his way around for several years, being told that he must wait for the cataracts to ripen. In each eye was to be seen a small opaque nucleus, but around this the fundus was clearly visible.

The nature of the ripening process being explained to the patient, he readily submitted to it. Four weeks after simple extraction was performed, followed by good vision.

Some of his patients were so well satisfied with one eye that they re-

fused to have an operation on the other. In no case did iritis occur, it being guarded against by the use of atropine.

Dr. Pipino waits from four to five weeks after practicing the ripening process before attempting extraction.

Dr. Bettman's method consists in making an incision through the corneal margin with a keratome, and then passing through this opening the proper instrument, with which he makes light pressure directly upon the lens, rubbing it up and down, and from side to side. From six to twelve times with the spatula is sufficient.

INCREASED OCULAR TENSION.

Teale says in the Lancet, that when irido-cyclitis or panophthalmitis follows the operation for secondary cataract, it is because the operation has caused an increase of tension; and if this is relieved, the disease will be cut short.

He cites two cases in which the patient had intense pain within 48 hours after the operation, with increased tension. In both of these cases he made punctures with a broad needle through the upper part of the cornea, through the iris, and into the vitreous body. The needle was turned so as to allow some of the vitreous humor to escape. In fifteen minutes the patient was perfectly easy, and recovered perfectly.

Obstetrics and Gynecology.

THE TREATMENT OF UTERINE FIBROIDS.

Obalinsky (Wiener Klinik, December, 1894) maintains that the course of fibroid uterine disease, when seen in its earlier stages, cannot be determined in individual cases, and, as bad results may suddenly be manifested in instances where the disease appears to be all but latent, operative measures are called for sooner than is generally advised. Enucleation is by far the best plan, whether practiced through the vagina or through the abdominal wall. The object, which Obalinsky declares may be obtained in two-thirds of the cases of fibroid, is to remove the tumor and yet spare the organs of generation. He particularly advises that when the tumor is enucleated through the abdominal walls the uterine and parietal walls be united. In seven of his own operations this practice was carried out, all recovering without complications. Out of eight cases where the uterine wound was sutured separately, and the uterus dropped back into the peritoneal cavity, four died. From further experience of numerous cases in his own wards, treated in various manners, Obalinsky is tempted to place yet firmer reliance in the union of the uterine and parietal wounds. He looks with little favor on vaginal or abdominal hysterectomy, though he admits that the uterus must occasionally be sacrificed; and he considers that decortication and removal of the appendages are operations rarely justifiable.

MENSTRUATION IN A CHILD.

G. E. Rein (Vratch, No. 44, 1894), showed at the Kieff Obstetrical and Gynecological Society a girl aged 6, who had commenced to menstruate regularly about a twelvemonth previously. The catamenia recurred every three or four weeks, and lasted on each occasion from four to ten days. The breasts, external genitals and pubic hairgrowth resembled those of a girl 13 or 14 years old. The abdomen proved to be considerably enlarged, the circumference amounting to 85 centimetres. The examination revealed the presence of a fluctuating thick-walled ovarian cyst.

PROFESSOR LOOMIS.

He has been a great figure in New York. He was an exceedingly sagracious physician, wrote very well on medical subjects, lectured with extraordinary force, and was willing to learn even to the day of his death. These were rare combinations, seldom to be found together in one practitioner and teacher.—Post Graduate.

Therapeutics.

DR. LOUIS LEWIS, Philadelphia.
COLLABORATOR.

TRIONAL.

Claus (Internat. klin. Rundschau, 1894, No. 45) speaks of the value of trional in the sleeplessness of children. It is mostly to be avoided in the insomnia of organic nervous disease, such as meningitis, etc. It is especially useful in chorea, convulsions, and the pavor nocturnus. In a case of chorea reported by the author with marked sleeplessness, it had the best effect. Pavor nocturnus is a condition in which the child suddenly wakes up terrified and often cannot sleep again. A case of this kind is related where trional was used with success. In one case the child showed some ataxia on the following morning, probably due to too large a dose of the drug. Trional is of little service when the sleeplessness is caused by pain. The doses used by the author of 0.2 to 0.4 g. for infants from 1 month to 1 year, increased up to 1.2 to 1.5 g. for children from 6 to 10 years. In the insomnia due to toxic influences chloral is more effective.

THE BERLIN DEBATE ON THE DIPHTHERIA ANTITOXIN.

To sum up the whole debate, the feeling generally was that the time has not yet come to pronounce a final judgment on this important question, as it could not be clearly proved that the lowering of mortality was due to the treatment or to the milder character of this year's cases. But all were agreed that the complications reported by Dr. Hansemann as following upon the treatment were of no importance, and that no patient had come to any harm by the injections. It was a subject of general remark that none of Professor Koch's or Behring's assistants said a word in the debate.—Lancet.

A NEW METHOD FOR THE TREATMENT OF WOUNDS.

We have had the opportunity, says the Medical Press, of studying the new treatment of wounds devised by Dr. George Stoker, and we find it to start from the original idea of using the stimulating effects of oxygen on a granulating surface; the prima facie idea not being one of antisepticism. The method consists in keeping the part of the limb on which the wound or ulcer is present in an air-tight wooden box, the upper part of which is glass, and which, at the extremity where the limb enters, is closed by an India-rubber funnel fitting to the limb and kept in situ by a turn of a Martin's bandage. To this box are connected three India-rubber tubes about three-sixteenths of an inch in diameter. Through the first, the attendant at stated intervals pumps in warm air by a plan closely resembling that used in a Higginson syringe, the warm air, however, passing through two bottles, one containing Condy's fluid and the other lime water, while in a glass portion of the tube itself it traverses menthol and medicated wool. Through the second tube the oxygen is carried in. The third tube is utilized to carry off any impure air into a bottle of Condy's fluid. The treatment is commenced by pumping in the warm air for about three minutes; this is done first, as it is found that the pure oxygen is too stimulating. Next the oxygen is turned on, and this is continued at a very low pressure, and not even shut off when the warm air is pumped in again at intervals of a quarter of an hour; pain, which is increased by dryness, is relieved by this method. The ulcerating surface is dressed twice a day with dilute warm boracic solution, with which it is gently syringed and the scabs removed, the box, of course, being taken away during the dressing. The treatment necessitates the constant attention of a nurse, who has to a certain extent to be specially trained. The cost is about one farthing per hour, but this probably, Dr. Stoker asserts, could be considerably reduced. Through the courtesy of Dr. Stoker we were enabled to see a patient under treatment; the subject certainly was not a favorable one. The ulceration,

which was probably specific, half encircled the right leg of a middle-aged woman, rather stout, and suffering in addition from chronic eczema and heart disease; the ulceration had been treated for a considerable period in the ordinary manner, but without success. Under the new treatment the ulcerating surface looked clean, the granulations were healthy, and Dr. Stoker hopes soon to see it entirely healed.

NEW REMEDIES.

Among the new remedies announced in the Therapeut. Bl., the first named is neurodine, acetyl-p-oxyphenyburethan, a colorless and odorless crystal, scarcely soluble in cold, but readily so in boiling, water. According to the investigations of V. Mering neurodine possesses no toxic properties, but it is an antipyretic. After 0.5 grain neurodine per dose per day, the temperature sank 2.5 deg. to 3 deg. C. gradually, often with free perspiration. The lowest point was reached in from three to four hours; the temperature then gradually rose. Neither cyanosis, vomiting, nor symptoms of collapse were observed after its use. As an antineuralgic it may be used with success in doses of from 1 gm. to 1 1-2 gm. Thermodine, acetyl-p-aethoxy-phenylurethan comes next in the list, also an odorless crystal, with difficulty soluble in cold water, and only slightly soluble in hot. According to V. Mering it is an excellent antipyretic. With doses of 0.5 of thermodine the temperature sank 2.5 deg. to 3 deg. C. It was found serviceable in influenza, the temperature fell, the headache and pains in the limbs disappeared. Generally speaking, the dose is 0.5 to 0.7 gm. It also possesses antineuralgic properties, but in this respect is inferior to neurodine. Lycetol, dimethylpiperazine is a third. According to Wiltzack we possess in lycetol a tolerably inexpensive remedy, that appears to be at least as useful in the treatment of the uric acid diathesis as piperazine. After the employment of lycetol Wiltzack observed: 1. A considerable increase of diuresis with diminished specific gravity of the urine. 2. The medicine was well borne without any disturbance of the general system, even when its use was continued for a lengthened period. 3. Cessation of the symptoms in gout, non-occurrence of an otherwise regularly recurring typical gouty attack, and considerable diminution of gravel when the medicine was persevered with.

Philosophy.

DR. HENRY BURCHARD, Philadelphia.
COLLABORATOR.

"The superior man," says Mencius (p. 335), "desires extensive territory and numerous subjects, yet his enjoyment consists in this, to stand in the midst of the realm and to ensure the stability of the people within the four seas, but that which is to him his nature consists not therein. The occupying of himself in great matters (as emperor) adds nothing to that which is the real nature of the superior man, and his continuing in poverty (as a beggar) detracts in no wise from it, for his portion is fixed. That which the superior man regards as his nature is benevolence, righteousness, propriety and intelligence. Their root is in the heart; their manifestation is a peaceful expression of the countenance, a fullness of contour in the back and a something imparted to the four limbs which make it known without words."—Mencius.

Come, then, to that which is above seeming. What is this? Behold, the beginning of philosophy is the observation of how men contradict each other, and the search whence cometh this contradicition, and the censure and mistrust of bare opinion. And it is an inquiry into that which seems, and discovery of a certain rule, even as we have found a balance for weights, and a plumb line for straight and crooked. This is the beginning of philosophy. Are all things right to all to whom they seem so? But how can contradictory things be right?—"Nay, then, not all things—but those that seem to us right."—Epictetus.

The will of Nature is to be learned from matters which do not concern ourselves. Thus, when a boy may break the cup of another man, we are ready to say, it is a common chance. Know, then, that when thine own is broken it behooves thee to be as though it were another man's. And apply this even to greater things. Has another man's child died, or his wife? Who is there that will not say, It is the lot of humanity? But when his own may die, then straightway it is, Alas, wretched that I am! But we should bethink ourselves what we felt on hearing of others in the same plight. —Epictetus.

Of all our faculties ye shall find but one that can contemplate itself, or, therefore, approve or disapprove itself. How far hath grammar the power of contemplation? Only so far as to judge concerning letters. And music? Only so far as to judge melodies. Doth any of them, then, contemplate itself? Not one. But when you have need to write to your friend grammar will tell you how to write; but, whether to write or not, grammar will not tell. And so with the musical art in the case of melodies; but whether it is now meet or not to sing or play, music will not tell. What, then, will tell it? That faculty which both contemplates itself and all other things. And what is this? It is the faculty of Reason; for we have received none other which can consider itself—what it is and what it can and what it is worth—and all the other faculties as well. For what else is it that tells us that a golden thing is beautiful since itself doth not? Clearly it is the faculty which makes use of appearances. What else is it that judges of music and grammar, and the other faculties, and proves their uses, and shows the fit occasions? None else than this.—Epictetus.

ATHEISM.

I had rather beleeve all the Fables in the Legend, and the Talmud, and the Alcoran, then that this universall Frame is without a Minde. And therefore, God never wrought miracle to convince Atheisme, because his Ordinary Works convince it. It is true, that a little Philosophy inclineth Man's Minde to Atheisme; but depth in Philosophy bringeth Men's Mindes about to Religion: For while the Minde of Man looketh upon Second Causes Scattered, it may sometimes rest in them, and go no further. But when it beholdeth the Chaine of them, Confederate and Linked together, it must needs flie Providence and Deitie. Nay, even that Schoole which is most accused of Atheisme, doth most demonstrate Religion. That is, the Schoole of Leucippus, and Democritus, and Epicurus. For it is a thousand times more Credible that foure Mutable Elements and one immutable Fift Essence, duly and Eternally placed, need no God; then that an Army, of infinite small Portions, or Seedes unplaced, should have produced this Order, and Beauty, without a Divine Marshall.—Bacon.

Miscellany.

SEWAGE MICRO-ORGANISMS.

A very important investigation has recently been made by Mr. Parry Laws and Dr. Andrews, at the instance of the London County Council, on the bacteriology of sewage. In their report these gentlemen state that their investigations showed that if the organisms existing in sewer air were derived from those existing in sewage the bacteria of sewer air should bear a close resemblance to the bacteria of sewage. On contrasting the prevailing organisms of sewage with those of sewer air they were found to bear no resemblance whatever to one another; indeed, so far as the investigators were aware, not a single colony of any of the organisms found to predominate in sewage had so far been isolated from sewer air. Attention was also specially directed to the possible occurrence of the typhoid fever bacillus and the diphtheria ba-

cillus in ordinary London sewage. Therefore every colony which seemed likely to belong to either of these species was the subject of careful investigation. No evidence, however, of their occurrence in ordinary sewage was found. The mathematical chances of detecting those organisms in ordinary sewage were exceedingly minute, unless they were capable of vigorous growth and multiplication. Recalling this fact search was made for the typhoid bacillus in sewers where it might be expected to exist in much larger proportion. On examining sewage taken from the sewer draining the fever block at the Eastern Hospital, after disinfection had been discontinued for a short period, the existence of the typhoid bacillus was satisfactorily shown—an important fact which had not hitherto been demonstrated. A series of experiments were also made to determine the fate of the typhoid bacillus in sewage, in order to verify or disprove the statement made by many writers that disease germs, such as the typhoid bacillus, found in sewage a suitable soil for their growth and multiplication. On careful investigation it had been found that the bacillus of typhoid fever was not only incapable of any growth and multiplication in sewage, but that after the first 24 hours it slowly and surely died out, its ultimate death under natural conditions being a matter of a few days, or at most one or two weeks. If the organisms which existed in overwhelming numbers in sewage did not exist in sewer air, how indefinitely remote was the possibility of the existence of the typhoid fever bacillus in the air of the sewers? Sewage was without doubt a common medium for the dissemination of typhoid fever; sewage-polluted soil might give up germs to the subsoil air; but from the results of these investigations it appeared in the highest degree unlikely that the air of the sewers should play any part in the conveyance of typhoid fever. These results are very important, but it is quite possible that some of the conclusions may be modified after further investigation.—London Med. Times, Feb. 16, '95.

THE ANTI-TOXIN TREATMENT A FAILURE IN VIENNA.

Now that the glamor of novelty is passing away it is being found, as we feared would be the case, that the serum treatment of diphtheria is by no means the absolutely curative agen we were led to expect it to prove. At a recent meeting of the Medical Society of Vienna Professor Drasche presented a most unfavorable report as to its effects in 30 cases he had had under his observation. He found that the injections of the Behring antitoxin serum affected the kidneys, and this observation was corroborated by those of other doctors. In presence of that fact it could no longer be believed that the injection had no injurious effects. It could not be a matter of indifference that a patient who was recovering from a dangerous illness should be subjected through this remedy to a further serious malady. With regard to the statstics which were supposed to prove its success, Professor Drasche said that in diphtheria the bare figures were no evidence. He pointed out that, according to MM. Gottstein and Kossowitz, notwithstanding the use of the serum, the total mortality from diphtheria in Berlin and Vienna had not decreased. Clinical observation was the sole means by which a true judgment could be formed. In the 30 cases the progress of which he had followed, he had not met a single instance in which he could feel convinced that the treatment had produced a direct effect. The disease developed in an exactly similar manner in those patients who were treated with the serum as in those who were not. On the other hand there were many symptoms which warned medical men against its use.—London Med. Times, Feb. 16, '95.

HAVE A CHANGE.

Gladstone's wonderful vitality and endurance are attributed in great part to the extraordinary versatility of his occupations. It is not hard work that kills men, but the dead level of a single line of business or thought, that slowly paralyzes the worker.—Sanitary Era.

TREATMENT OF DIPHTHERIA.

L. G. Papkoff (Vratch, No. 44, 1894), of the Odessa City Hospital, draws attention to a method of treatment suggested by N. S. Ignatovsky. It consists chiefly in painting diphtherial areas with a mixture of kerosene (oz. i), turpentine oil (oz. i), and peppermint oil (dr. ii), the application being repeated every two hours, or even every hour or half hour. As adjuvants there are employed gargles of a 4 per cent. solution of boracic acid mixed with a few drops of mint tincture, sometimes steam inhalations of the same mixture, hot compresses to the neck, etc. The best results are obtained in catarrhal forms of faucial diphtheria, the percentage of recoveries amounting to 98. The deposits gradually disappear in five or six days, leaving no trace, and the general course of the disease remains mild. The method also proves "fairly successful" in gangrenous forms, though recovery takes place much more slowly. In septic forms the paintings are efficacious only in early cases—that is, when the treatment is commenced before the appearance of prostration and constitutional symptoms due to absorption of the virus. In advanced septic cases, as well as in croupous forms, the treatment fails to arrest the morbid process.

THE OFFSPRING OF YOUNG MOTHERS.

At the Congress of Hygiene Dr. Korosi, of Buda Pesth, stated that the proportion of deaths among children from weakly constitutions, or maladies traceable to the mother, was twice as large among the children of mothers under 20 as among the children of mothers over 30, upon a comparison of several thousand cases.—Sanitary Era.

Electricity says there is nothing theoretically improbable in the statement that an Ohio convict has invented a battery which converts sound into electric power by a device which "makes it possible to operate an ordinary call bell by simply clapping the hands in front of the battery."

TONICS.

R—Hydrargyri bichloridi, gr. i-ii.
Liq. arsen. chloridi, dr. j.
Acid. hydrochlor. dil.,
Tinct. ferri chloridi, aa dr. ii.
Syrupi zingiberis, oz. ii.
Aquae, ad oz. vi.
M. S. Dose, dr. ii td. after meals. (Alterative tonic.)
—Goodell.

R—Sod. et auri chlorid, gr. iii.
Strychninae sulphatis, gr. i.
Zinci phosphatis, gr. iii.
Ext. damianae, dr. j.
M. et ft. in capsul. no. xxx. S. One capsule td. (In impotence.)

R—Strychninae sulphatis, gr. i.
Acid. hypophosph. dil., oz. j.
M. S. Dose, gtt. x td. before meals in a dram of fl. ext. of cocae. (Do not take it immediately before retiring; causes emissions.) (For sexual organs in impotence.)
—Hammond.

R—Quininae sulphatis, gr. ii.
Acidi arseniosi, gr. 1-30.
Pulv. capsici, gr. j.
Extract. taraxaci, q. s.
M. S. To be taken before each meal. (Malarial cachexia.)
—Palmar.

R—Ext. damian. fluidi.
Tinct. cincho. co., aa oz. iv.
M. S. Dose, oz. ss td. (For procreative organs.)

R—Ferri et quinidiae cit., dr. i.
Vini xerici, oz. ii.
M. S. Dose, dr. j.

R—Tinct. ferri chloridi, dr. iii.
Acid. acetici diluti, oz. ss.
Liq. ammon. acetatis, oz. iiiss.
Curacoae.
Syrupi simplicis, aa oz. j.
Aquam, ad oz. viii.
M. S. Dose, oz. ss after meals.
—William Goodell.

R—Quininae sulphatis, gr. xxx.
Acidi sulph. dil., q. s.
Aquae, oz. ii.
Tinct. ferri chlorid., oz. ss.
Spts. chloroformi, dr. vi.
Glycerinae, q. s. ad oz. iv.
M. S. Dose, dr. j.
—Loomis.

R—Ferri et ammon. citratis.
Ammonii carbonatis, aa gr. xxxii.
Syrupi.
Aquae anisi, aa oz. ii.
M. S. Dose, dr. j.
—J. Lewis Smith.

R—Magnesii sulphatis, oz. ii.
Ferri sulphatis, gr. xxiv.
Acidi sulphurici dil., dr. ii.
Infusi calumbae, ad oz. viii.
M. S. Dose, oz. j every night. (Ferruginous aperient.)
—Farquharson.
(From Physicians' Vade Mecum.)